As the below named inventors, We hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe we are the original, first inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARATHYROID HORMONE RECEPTOR ACTIVATION AND HEMATOPOIETIC PROGENITOR CELL EXPANSION

the specification of which was filed on January 21, 2005 and allotted application number 10/521,971.

In the event that the filing date and/or Application No. are not entered above at the time we execute this document, and if such information is deemed necessary, we hereby authorize and request our attorneys/agent(s) at **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, to insert above the filing date and/or Application No. of said application.

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

We acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY CLAIM

We hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

X no such foreign applications have been filed	
such foreign application have been filed as follows:	

Ì,

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing	Priority Claimed Under 35 USC 119
			Yes No
			Yes No
			Yes No

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing

CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATIONS

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

no such U.S. provisional applications have been				no su	ch U.S	8. provisiona	l applications	have been	filed
---	--	--	--	-------	--------	---------------	----------------	-----------	-------

x such U.S. provisional application have been filed as follows:

Application Number	Date of Filing	Priority Claimed Under 35 USC 119
60/398,801	07/25/2002	Yes No _X
		Yes No
		Yes No

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)

available to me between the filing date of the prior application and the national or PCT international filing date of this application:	
no such U.S./PCT applications have been filed.	
X such U.S./PCT application have been filed as follows:	

Application Number	Relationship	Parent Application	Date of Filing
PCT/US2003/023425			07/25/2003

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

We hereby appoint:

All practitioners at Customer Number 21874

all of **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Massachusetts General Hospital as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

Please mail all correspondence to Amy M. Leahy, whose address is:

Edwards & Angell, LLP P.O. Box 55874 Boston, Massachusetts 02205

Please direct telephone calls to: Amy M. Leahy at (203) 975-7505.

Full name of sole or first inventor		
David T. Scadden		
Sole of first inventor's signature	4.2	Date 1/27/03
Residence	.,	1-170
Weston, MA		·
Citizenship US		
Mailing Address		
62 Lexington Street Weston, MA 02493		
Full name of second inventor, if any		
Laura M. Calvi		
Second inventor's signature		Date
Residence	<u> </u>	
Rochester, NY		
Citizenship US		
Mailing Address		
78 Stoneleigh Court Rochester, NY 14618		
Full name of third inventor, if any		
Gregor Adams		
Third inventor's signature		Date
Residence Boston, MA		I
Citizenship US		
Mailing Address		
20 Revere Street Boston, MA 02114		
Full name of fourth inventor, if any		
Henry Kronenberg		
Fourth inventor's signature		Date
Residence		
Belmont, MA		
Citizenship US		

Page 4 of 4

Mailing Address

48 Hastings Road Belmont, MA 02478

As the below named inventors, We hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe we are the original, first inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARATHYROID HORMONE RECEPTOR ACTIVATION AND HEMATOPOIETIC PROGENITOR CELL EXPANSION

the specification of which was filed on January 21, 2005 and allotted application number 10/521,971.

In the event that the filing date and/or Application No. are not entered above at the time we execute this document, and if such information is deemed necessary, we hereby authorize and request our attorneys/agent(s) at **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, to insert above the filing date and/or Application No. of said application.

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

We acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY CLAIM

We hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

X no such foreign applications have been filed	
such foreign application have been filed as follows:	

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing	Priority Claimed Under 35 USC 119
			Yes No
			Yes No
			Yes No

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing
		·

CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATIONS

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

	no such U.S.	provisional	applications	have	been	filed.
1	110 00011 0.0.	provisional	applications	Have	DCCII	IIIC

x such U.S. provisional application have been filed as follows:

Application Number	Date of Filing	Priority Claimed Under 35 USC 119
60/398,801	07/25/2002	Yes No _X
		Yes No
		Yes No

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)

available to me between the filing date of the prior application and the national or PCT international filing date of this application:
no such U.S./PCT applications have been filed.
X such U.S./PCT application have been filed as follows:

Application Number	Relationship	Parent Application	Date of Filing
PCT/US2003/023425	·		07/25/2003

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

We hereby appoint:

All practitioners at Customer Number 21874

all of **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Massachusetts General Hospital as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

Please mail all correspondence to Amy M. Leahy, whose address is:

Edwards & Angell, LLP P.O. Box 55874 Boston, Massachusetts 02205

Please direct telephone calls to: Amy M. Leahy at (203) 975-7505.

Sole or first inventor's signature	Date
Residence	
Weston, MA	
Citizenship US	
Mailing Address	
Weston, MA 02493	
Full name of second inventor, if any	
Laura M. Calvi	
Second inventor's signature	Date
Value VIA (A)	2/14/2005
Partiance)	271-17200
Rochester NV	
ACCHISTOPHIN LIC NOTARY PUBLIC STATE OF MEMILYORK	
Mailing Address No. 01WR6090286	
QUALIFIED IN MONROE COUNTY	
78 Stoneleigh Court	
Rochester, NY 14618	
	Date
	Date
Mailing Address	
20 Revere Street	
Boston, MA 02114	
Henry Kronenberg	
Fourth inventor's signature	Date
Residence	l
Belmont, MA	
Citizenship US	
Mailing Address	
48 Hastings Bood	
Belmont MA 02478	
	Weston, MA Citizenship US Mailing Address 62 Lexington Street Weston, MA 02493 Full name of second inventor, if any Laura M. Calvi Residence Rochester, NY Rosalie A. WRATNI NOTARY PUBLIC, STATE OF NEW YORK No. of WR6099286 QUALIFIED IN MONROE COUNTY MY COMMISSION EXPIRES APRIL 7, 2097 Full name of third inventor, if any Gregor Adams Third inventor's signature Full name of fourth inventor, if any Grizenship US Mailing Address 20 Revere Street Boston, MA Citizenship US Full name of fourth inventor, if any Henry Kronenberg Fourth inventor's signature Residence Belmont, MA Citizenship US

3

As the below named inventors, We hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe we are the original, first inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARATHYROID HORMONE RECEPTOR ACTIVATION AND HEMATOPOIETIC PROGENITOR CELL EXPANSION

the specification of which was filed on January 21, 2005 and allotted application number 10/521,971.

In the event that the filing date and/or Application No. are not entered above at the time we execute this document, and if such information is deemed necessary, we hereby authorize and request our attorneys/agent(s) at **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, to insert above the filing date and/or Application No. of said application.

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

We acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY CLAIM

We hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

X no such foreign applications have been filed	
such foreign application have been filed as follows:	

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing	Priority Claimed Under 35 USC 119
			Yes No
			Yes No
			Yes No

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing

CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATIONS

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

	no such U	.S. provisional	applications	have	been	filed.
--	-----------	-----------------	--------------	------	------	--------

x such U.S. provisional application have been filed as follows:

Application Number	Date of Filing	Priority Claimed Under 35 USC 119
60/398,801	07/25/2002	Yes No _X
		Yes No
		Yes No

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)

available to me between the filing date of the prior application and the national or PCT international filing date of this application:	
no such U.S./PCT applications have been filed.	
X such U.S./PCT application have been filed as follows:	

Application Number	Relationship	Parent Application	Date of Filing
PCT/US2003/023425			07/25/2003

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

We hereby appoint:

All practitioners at Customer Number 21874

all of **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Massachusetts General Hospital as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

Please mail all correspondence to Amy M. Leahy, whose address is:

Edwards & Angell, LLP P.O. Box 55874 Boston, Massachusetts 02205

Please direct telephone calls to: Amy M. Leahy at (203) 975-7505.

Full name of sole or first inventor	
David T. Scadden Sole or first inventor's signature	Date
Sole or first inventor's signature	Date
Residence	
Weston, MA	
Citizenship US	
Mailing Address	
60 Lavington Street	
62 Lexington Street Weston, MA 02493	
Weston, MA 02433	
Full name of second inventor, if any	
Laura M. Calvi	
Second inventor's signature	Date
Residence	
Rochester, NY	
Citizenship US	
Mailing Address	
70 Oten alatah Osunt	
78 Stoneleigh Court	
Rochester, NY 14618	
Full name of third inventor, if any	
Gregor Adams	
Third inventor's signature	Date
	01/26/05
11/10	0.72879
Besidence	
Boston, MA	
Citizenship UK	
Mailing Address	
20 Revere Street	
Boston, MA 02114	
500000 III 1 02 1 1 1	•
Full name of fourth inventor, if any	
Henry Kronenberg	
Fourth inventor's signature	Date
Residence	
Belmont, MA	
Citizenship US	
Mailing Address	
48 Hastings Road	
Belmont, MA 02478	

3 -

As the below named inventors, We hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe we are the original, first inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARATHYROID HORMONE RECEPTOR ACTIVATION AND HEMATOPOIETIC PROGENITOR CELL EXPANSION

the specification of which was filed on January 21, 2005 and allotted application number 10/521,971.

In the event that the filing date and/or Application No. are not entered above at the time we execute this document, and if such information is deemed necessary, we hereby authorize and request our attorneys/agent(s) at **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, to insert above the filing date and/or Application No. of said application.

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

We acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY CLAIM

We hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

		•	• .
X no such foreign applications have	been filed		
such foreign application have bee	n filed as follows:		

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing	Priority Claimed Under 35 USC 119
			Yes No
			Yes No
			Yes No

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing
	,	
	•	

CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATIONS

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

x such U.S. provisional application have been filed as follows:

Application Number	Date of Filing	Priority Claimed Under 35 USC 119
60/398,801	07/25/2002	Yes No _X
		Yes No
		Yes No

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)

available to me between the filing date of the prior application and the national or PCT international filing date of this application:	
no such U.S./PCT applications have been filed.	
X such U.S./PCT application have been filed as follows:	

Application Number	Relationship	Parent Application	Date of Filing
PCT/US2003/023425	·		07/25/2003

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

We hereby appoint:

All practitioners at Customer Number 21874

all of **Edwards & Angell, LLP**, P.O. Box 55874, Boston, Massachusetts 02205, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Massachusetts General Hospital as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

Please mail all correspondence to Amy M. Leahy, whose address is:

Edwards & Angell, LLP P.O. Box 55874 Boston, Massachusetts 02205

Please direct telephone calls to: Amy M. Leahy at (203) 975-7505.

	Full name of sole or first inventor	
	David T. Scadden Sole or first inventor's signature	l Data
	Sole of first inventor's signature	Date
	Residence	
	Weston, MA	
	Citizenship US	
	Mailing Address	
	62 Lexington Street	
	Weston, MA 02493	
	Full name of second inventor, if any	
	Laura M. Calvi	
	Second inventor's signature	Date
	Residence	
	Rochester, NY	
	Citizenship US	
	Mailing Address	
	79 Standaigh Court	
	78 Stoneleigh Court Rochester, NY 14618	
	1.00.00.01, 111 14010	
	Full name of third inventor, if any	
	Gregor Adams	
	Third inventor's signature	Date
	Residence	
	Boston, MA	
	Citizenship US	
	Mailing Address	
	20 Revere Street Boston, MA 02114	
	BOSION, MA 02114	
	Full name of fourth inventor, if any	
4-00	Henry Kronenberg	
	Fourth inventor's signature	Date
	Hung Kronenley	1-25-05
	Residence	
	Belmont, MA	
	Citizenship US	
	Mailing Address	
	48 Hastings Road	
	Belmont, MA 02478	